PROTOCOL ACCEPTANCE FORM

I, the undersigned, hereby confirm receipt of the Protocol titled:

[ENTER PROTOCOL TITLE/P0-NUMBER], Version [X.X], Dated [DD/MMM/YYYY]

Furthermore, I agree to adhere to the requirements of this Protocol until such time as I am notified of any amendment/s.

Authorised by Principal Investigator of [Participating Site Name/Reference]:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_